

## Request for Authority for Advance Spending

### Department of Workforce Development, Division of Workforce Solutions

Note: Expenses approved in this process are subject to all DWD, State and Federal policies.

W-2 and Related Programs Contract for the period of \_\_\_\_\_ to \_\_\_\_\_

W-2 Contract Agency Name \_\_\_\_\_

Total Amount Requested \_\_\_\_\_

#### Request #1

Description
Rationale for advance spending
Date Expenditure/Item Needed by
Amount

#### Request #2

Description
Rationale for advance spending
Date Expenditure/Item Needed by
Amount

Add additional pages as necessary.

Submitted by: \_\_\_\_\_ Date \_\_\_\_\_

Submit to your DWS Contract Manager.

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DWS APPROVALS

Contract Manager: \_\_\_\_\_ Date \_\_\_\_\_

BW-2 Director: \_\_\_\_\_ Date \_\_\_\_\_